V. S. No. 1

OCCUPATION

of OCCUPA.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 11001	
1. PLACE OF DEATH	82-6)	
County At manys	Registration Dist. No. 287	
Village or City great mills	No. St., Waldeath occurred in a horpital or institution, give its NAME instead of street and number)	rd
Length of residence in city or town where death occurredyrs,mos		ds.
2. FULL NAME Emily Thomas Une	1	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or Iown and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX  4. COLOR OR RACE  OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Day)  193 (Vaar)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas William and	22. I HEREBY CERTIFY. That I attended deceased from the standard deceased deceased deceased from the standard deceased d	
6. DATE OF BIRTH (month, day, and year) Manch 15-1857	I last saw ham aliva on Sent 1, 1921; death is sa	
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2 A _m.	
73 5 24 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:	
_ 8. Trade, profession, or particular	Uate of one	et
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronata premonia 9/4/3	1
work was dona, as SILK MILL, SAW MILL, BANK, etc		
Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Valley Lee	Other Contributory Causes of importanca:	
(State or country)	Cerebral embeliano 9/1/3	
I 13. NAME Thomas Clark	The second secon	<b>{-</b>
14. BIRTHPLACE (city or town)	Nama of operation Date of	
(State of country)	What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME Emily Borrough	23. If death was dua to axtarnal causes (VIOLENCE) fill in also tha following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
2 (Stata or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Charles Combs (Address) Great mills had	Specify whethar Injury occurred in INDÚSTRÝ, in HOME, or in PÚBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place of Georges Cemeling Date Sept 10, 1931.	Nature of injury	
19. UNDERTAKER Ernert Olobingon (Address) Dameron mid	24. Was diseasa or injury In any way related to occupation of deceased?	
20. FILED Slept 9, 1931 Affice had Registrar.	Alm Alm	D.
If U. L. LL U. C. D.	N. C. J. C.	D0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
- Br - 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	Date of onset  1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
YAM WAY TO TAKE	NA ALUKA	T. () YO	T. O TO T TITITION	CATA A TOTAL TOTAL TOTAL CO.	10 1	T TT T NATATAL

HYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

properly classified.

certificate.

back

See instructions on

TION is very important.

of OCCUPA.

Exact statement

item of infor-

	CERTIFICATE OF DEATH 11002
1. PLACE OF DEATH	(3)
County ST Many	Registration Dist. No. 287
Village or City Section (16	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Henrietta Biscoe	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Manual	21. DATE OF DEATH  (Month)  (Dey)  (rear)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Walter Blicoe	22. I HEREBY CERTIFY, That I attended deceased from 1930, to Supply 4, 1934
6. DATE OF BIRTH (month, day, and year) 3 / 8 9 3 7. AGE Yeers Months Days If LESS than	I last sew h alive on the date steted above, at 5 A m
79 / 19 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticuler	were es follows:
SAWYER, BOOKKEEPER, etc.	Chronic Jahon lan Heast 1928
9. Industry of Dusiness in Which work wes done, as SILK MILL.	Disease
11. Total time (years) this occupetion (month and	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importence:
(State or country)	Chronie lushitis
13. NAME Ander Butter  14. BIRTHPLACE (city or town)  (Stete or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(out of county) Huryland	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Cliga Hopewall  16. BIRTHPLACE (city or town)  (Chate or country)	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Mourtan	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Salta Barrell Madress Seatler Madress	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece III These and Oete Super To, 1931	Nature of injury
19. UNDERTAKER Aufgreicht Arbijnen (Addiess)	24. Was diseese or Injury in any wey releted to occupation of deceased?
20 FUED Some the 1021 PSB 12 2	(Signed) M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dato of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

(Approved by U. S. Census and American Public Health Association.)

er," etc., Withouv Laborer, Laborer-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day who are engaged in the duties of the -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Inanition," "Marasmus," "Old Age," "Shook," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia, "" "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the Chronic Example: Measles (disease etc. The contributory valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11004
1. PLACE OF DEATH	(120)
county It mary's	Registration Dist. No. 280
Village or City St Jerry Ves	St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurredyrsmo	ds. How long in U. S. if of foreign birth?yrsmos ds.
2. FULL NAME I da Eurly (	ullison
(a) Residence: No. St. June (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from 1931, to Sept 50, 1931
6. DATE OF BIRTH (month, day, and year)	lias saw h. alive on Seft 10 ,193 / ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at U.30 /m.
1 day,hrs	THE RESERVE CASSE OF BEATTI SHE VEHICLE CASSES OF IMPORTANCE
8 Tendo profession or particular	alorch of Stones Oata of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  11. Total time (years) this occupation (month and south	
Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) St Mary 5 C.	Other Coutributory Causes of importance:
(State or country)	
13. NAME Telasce Pergreee  14. BIRTHPLACE (city or town).	
[ 14. BIRTHPLACE (city or town).	Neme of oparation
(State of country)	What test confirmed diegnosis? Was there an aulopsy?
15. MAIDEN NAME cerely Der hoycus	23. if death was dua to external ceuses (VIOLENCE) fill in also tha following:
15. MAIOEN NAME Early Few hospers  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicido? Date of injury
2 (State or country)  17. INFORMANT. Herry Cullings (Address) In Accions mil	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Starres Date Sept. 32, 1931	Manner of injury

B.—WRITE PLAIN V. S. No. 1

19. UNOERTAKER

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Natura of injury

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to rotirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ugo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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\$		

	11005
PLACE OF DEATH	STATE OF MARYLAND
County of March	CERTIFICATE OF DEATH
	Registration Dist. No. 222
Village or City Margaria (No.	Ca. Marin (If death occurred
2 FULL NAME Jufant ht	Jesse – ward) a hospital or instition, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Grandle Col (Write the word)	ALJ 124, 193
8 DATE OF BIRTH	(Month) (Day) (Year)
LAT 124 -621	Left 12 1 192 . to deft 12h . 192.
(Month) (Day) (Year)	that I last saw her alive on Sett 12 to 192.
7 AGE III LESS tha	
I day / hr	
yrsmosds. ormin	.>
B OCCUPATION (a) Trade, profession or	Uteleclasis Intromusto
particular kind of work	
(b) General nature of industry business, or establishment in	(0.1)
which employed or (employer)	(Duration) yrsmos
State or country)	Contributory Secondary
10 NAME OF	(Durstion) yrs mos.
FATHER HER American	(Sign/d) M.
II BIRTHPLACE	192 (Address) 1276 1870 1870
OF FATHER (State or country) A mary looky	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trai
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country) AT Much has MO	At place of deathyrsmosds, In the Stateyrsmos
4 THE ABOVE IS TRUE TO THE BEST OF, MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
Mes 1 well	Former or usual residence.
(Informant) June ally	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) morganha	of from the Constraint Act 130.00
15 10 10	20 UNDERTAKER ADGRESS
	0 1 1
Filed Cest 7 193-/ Cum Registrar	nom la malhuschet to want hour

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Doy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. nner, (b) Cotton mill; (a) Solesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "IIaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., ol carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railwoy train-Whooping cough; (Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ORD. Every item of infor-PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT R MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. B.—WRITE PLAINLY, WIT

1. PLACE OF DEATH)	11006
County Af Marsh leo	Registration Dist. No. 212
	No. St., Ward Geath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	s. How long in U.S. if of foreign birth? yrs. mos. ds
(a) Residence: No. (Sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE OR DIVORCED (white the word)	21. DATE OF DEATH    State   193   (Year)   (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HERESY CERTIFY, that attended specased from
DATE OF BIRTH (month, day, and year) Det 14-1930	
AGE Years Months Day's If LESS than 1 day,hrs.	to have occurred on the dete stated eleve, at m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Enter Colitie Ocute
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year)  11. Total time (years) spent in this occupation.	
2. BIRTHPLACE (city or town) Flores Allown Mg.  (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) IT many la Mad	Name of operation Dete of
(State or country)	What test confirmed diegnosis? 20 Was there an au'opsy? 2
15. MAIOEN NAME Ellen marquerikafelf	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Collen mas querile afelf 16. BIRTHPLACE (city or town) - for handlown may	Accident, suicide, or homicide?
7. INFORMANT Was & Smalfin ley (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL Place Hillogonus Commission Date Alf 14 1931	Manner of injury
9. UNDERTAKER MINE Secretary of My	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Cart 7 , 193/ Curve Registrar.	(Signed) Jewinos alowy M.  (Address) Jewinos alowy M.  (Address) Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, eotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	133
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County D And	Registration Dist. No. 28 7
Village or City Keassons (No. 2FULL NAME Which F	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  OEBA 12, 1923 /  (Moath) (Day) (Year)
6 DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 190 to 190 190 190 190 190 190 190 190 190 190
7 AGE  19 yrs. 6 mos. 6 de. or min.?	The CAUSE OF DEATH * was as follows: of feline
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry susiness, or establishment in which employed or (employer)	Sant not Duration)  Contributory  Secondary
(State or country) of Marya Co Ma 10 NAME OF FATHER Sellicin Burett Fordon  11 BIRTHPLACE OF FATHER XXIII	(Signed) John M. D. M. D
(State or country) for asyl Co //Co // 12 MAIDEN NAME of MOTHER Hancy Jarne,	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfers or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)  A Hasyr Co Ad	At place At place In the of death yrs death State yrs death where was disease contracted,
(Informant) Alliam Dodon	il not at place of death?
(Address) Reassons Ad	In Place of Burial OR REMOVAL DATE OF BURIAL SEPT 19, 191
Filed Sept 12 1981 Affect Registrar	Thomas Harris farboesille

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11007

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The material 6

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (Recommendations on statement of cause of death American Medical Association.) telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsie, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUKY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), Examples: Accidental drowning; Struck by railway train-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be ted EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD H UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING ILY, WRITE PL

PLACE OF DEATH	11008 STATE OF MARYLAND
County M. M. D.	CERTIFICATE OF DEATH Registration Dist. No. 243
Village or City MAAN DAMA (No. 2 STULL NAME MAY O Sugh	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH 2 , 1929 (Year)
6 DATE OF BIRTH  Sept. 10, 1834	17 I HEREBY CERTIFY, That I attended the deceased from 1921 to My
(Month) (Day) (Year)	that I last saw halive on
7 AGE    If LESS than   I day hrs.	
a OCCUPATION (a) Trade, profession or particular kind of work	Dudypis Isquall
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) / Jyre
9 BIRTHPLACE (State or country)	Contributory Secondary (Durstion) yre mos.
10 NAME OF FATHER WW & Carpenter	(Signed)
II BIRTHPLACE OF FATHER Z U (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER SUMMED S. POLLY	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
19 BIRTHPLACE OF MOTHER (State or Country)	At place of deathmosds. In the Statemosds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?  Former or usual residence.
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MINISTER 1931
15 Filed PA - 1927 A D MUSIN Registrar	20 UNDERTAKER ADDRESS
If more hunks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more precise of the laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Tranition," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis (secondary Chronic interstitial nephritis, American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY or intercurrent) affection need Chronic etc. The contributory valvular heart disease; not be

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S. No.

BINDING
ERMANENT ROLD. Every item of inforEXACTLY. PHYSICIANS should state
y classified. Exact statement of OCCUPAte.

1. PLACE OF DEATH County Village or City Length of residence in city or 25 wn where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR S. SINGLE, MARRIED, WIDOWED, RACE OR DIVORCED (write the word) 5a. If married, widowed HUSBAND of (or) WIFE of EX certificate, 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days stated 1 day .... -- hrs or ... A .min. 8. Trade, profession, or particular THIS kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.\_\_\_ be jo may back 9. Industry or business in which work was done, as SILK MILL, should SAW MILL, BANK, etc ... 11. Total time (years)
spent in this O. Date deceased last worked at on this occupation (month and that occupation. See instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) mation should be carefully MOTHER TION is very important. 15. MAIDEN NAME OF DEATH 16. BIRTHPLACE (city or town (State or country) 17. INFORMANT ... (Address) 18. BURIAL, CREMATION, OR REMOVA WRITE CAUSE 19. UNDERTAKER (Address)

11009

(46)		7 7 7	
	Registration	Dist. No. 282	
No		21	Ward
f death occurred in a hospital or institu	ation, give its NAM	E instead of street and s	
sds. How long in U.S. if o	of foreign birth?	yrsm	osds.
Grenwell			
St., Ward.	If nonresiden	t give city or town and	State
MEDICAL C		E OF DEATH	
21. DATE OF DEATH	1-11	117	7
	Self	197	, 193
	(Mooth)	(Day) //	(Year)
22. IHEREBY	CERTIF	Y. That Vattended	depeased from
July 14	, 1931 to	Ae17 16'	11-, 1931-
I last saw h 12 Dative on	Jeft 1	11/11 -11	; death is said
to have occurred on the date state	ed above, at	40 m	
The PRINCIPAL CAUSE OF DEAT			
were as follows:		1 A	Date of onset
anden	omay	Homach	May 1.451
			f
-			
Other Contributory Causes of imp	ortance:		211
Ulcers of	JAD m	ach	127 Min
Name of operation	- see for	Date of	
What test confirmed diagnosis?	and.	Was there an a	u'opsy? Zer
23. If death was due to external car	uses (VIOLENCE) f	ill in also the following	:
Accident, suicide, or homicide?		Date of injury	, 19
Where did injury occur?			
Specify whether Injury occurred i	n INDUSTRY, In H	r town, county and Stat	e) ACE.
Manner of injury			
Nature of Injury			
			h
24. Was disease or injury in any w	ray related to occup	pation of deceased?	1.60
If so, specify	12000	117	
(Signed)	TARKIN	/ 431	
(Address)	com wi	4.1. 5.19 11.	

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

## STATE OF MARYLAND-CERTIFICATE OF DEATH

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	1. PLACE OF DEATH		46)
1	County of Mary	O	Registration Dist. No. 280
	Village or City	chrile /	And St. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where d	death occurredyrsmos	ds. How long in U.S. If of foreign birth? yrs mos ds.
	2. FULL NAME Stoke	Thomas .	Havilen
	(a) Residence: No.	eahuille.	Stell Ward.
		(Usual place of abode)	If nonresident give elly or town and State
	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Bloom	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	erfee,	1 HEREBY CERTIFY. That I attended deceased from 1931, to Sept. 12 1931
e.	6. DATE OF BIRTH (month, day, and year)	1/	I last saw hele alive on soft 12 ,1931; death is said
certificate	7. AGE. Years Months	Days If LESS then 1 day	to heve occurred on the data stated above, at/_DQm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of	8. Trade, profession, or particular kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.	om from	Caucer J. Rosline Date of onset
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
no su	10. Oate deceased last worked at this occupation (month and yeer)		Other Contribatory Caases of Importance:
instructions	12. BIRTHPLACE (city or town) / / / (State er country)	2	Cities Continued of Importance.
nsti	13. NAME Workers	on Hankers	
See i	14. BIRTHPLACE (city or town)	me	Name of operation 22 acc Dete of
S	(State of country)	0	What test confirmed diagnosis? Wes there an autopsy?
tant.	# 15. MAIDEN NAME Prohal	much	23. If death was due to exteroal causes (VIOL ENCE) fill In also the following:
OC	16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide?
is very important.	17. INFORMANT Olog Bre (Address)	there ne	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Oate 8-17,14 ,1931	Manner of Injury
TION	19. UNDERTAKER (Address)	sierous me	24. Was diseasa or injury in any way related to occupation of deceased?
	20. FILEO 9/13/3/, 19 Dec. J.	O. Ling Registrar.	(Signed) AN Messey, M.D. (Address) Raicy Miles

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	, j		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No.	
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PLACE OF DEATH  County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City M Leoges (No. lanc)  2FULL NAME Ama Regime	St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
a sex 4 color or race 5 single, Married Widowed, Or Divorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h
7 AGE  If LESS than I day hrs.  29 yrs. 8 mos. 20 ds. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:  fracture of the fare of the should
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Carly dighter of som the hat which had (Duration) yis mos los
9 BIRTHPLACE (State or country) Mary & Mary & Color Country) 10 NAME OF FATHER PLANSMAN ROLLS COLOR	Secondary  (Duration)  (Signed)  (Signed)  M. D.
II BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place In the State yrs mos ds.  Where was disease contracted,
(Informant) The BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Harrison Hobbits Registrar	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS  CLOMENT AND
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptated term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, diseases can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection Chronic interstitial nephrilis, Whooping cough; use of "Tumor" for malignant neoplasms); Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as Chronic Example: Measles (disease etc. The contributory valvular heart disease; need not be Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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**dccupation** 

MOTHER FATHER

STATE OF MARYLAND—	
County St. Marys	Registration Dist. No. 284
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Suface Well  (a) Residence: No. Color of Abode  (Usual place of abode)	St., Ward.  If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Season	21. DATE OF DEATH  SELL  (Mouth)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Sown Surposed 20 Cours after 19
6. DATE OF BIRTH (month, day, end year) 5 Ept 8 1931	Hast saw h. de annoon k , 19 ; deeth is said
7. AGE Years Months Days If LESS than 1 dey, 2 hrs. or min.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	due to fale of mocks!
work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and yeer)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) St Mays &s.  (State or country)	
13. NAME for sph day a three	
13. NAME Joseph Legel Here  14. BIRTHPLACE (city or town) A May Co  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hory Love Mearthy  16. BIRTHPLACE (city or town)  (Stete or country)  Response	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?  (Specify eity or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Mr for apl tog of Heel (Address)	
18. BURIAL, CREMATION, OR REMOVAL Place St. Joseph Ch. Date 5 ept 4 , 19.31	Manner of injury
19. UNDERTAKER E. R. John (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 5 2 ft 8, 19 81. Term & Ochora. Registrar.	(Signed) Charles M. D.  (Address) Charles Have

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
(99)			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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V. S. No. 1

1. PLACE OF DEATH  County At County	STATE OF MARYLAND-	-CERTIFICATE OF DEATH 11013
Village or City.  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  Ward.  2. FULL NAME  (a) Residence: No.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  1. COLOR OR RACE  S. OR D. NYBRED (Usual place of abodo)  S. It mannerided.  Widowado, or divorced displaced of the color	1. PLACE OF DEATH	34)
Length of residence in city or town where death occurred yrs. Meet and decay of the control of t	County At Mary	Registration Dist. No. 287
2. FULL NAME  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR, RACE OR DIVORCED(Acmire the word)  S. II married, wildowed, or divorced (or) wife or (or) wife o	Village or City	NoSt., Ward
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (S. SINGLE, MARRIED, WIDOWED) OR DIVO	Length of residence in city or town where death occurredyrsm	osds. How long in U. S. if of foreign birth?yrs,mos,ds.
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR, RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVGACED Variet the word)  OR DIVGACED Variet the word)  Sa. If married, widowed, or divorced HUSBAND  HUSBAND  A. CAE  Years  Months  Days  If LESS than  1 day	2. FULL NAME Lettie Jone	Hulett
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR, RACE OR DIVORCED denire the word) Or DIVORCED denire the word) Or Or Wife of Or Or, Wife of Or Or, Wife of Or Or, Wife of Or,	(a) Residence: No.	St., Ward.
3. SEX  4. COLOR OR, RACE OR DIVECED 4-wine the word)  5. If married, widowed, or divorced HUSBARD HUSBARD T, AGE  5. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  8. Track, protession, or particular work was done as SIK MILL, SAW MILL, BANK, MILL,		
Sa. If a profession or particular (or) wife of Sa. If a profession or pa		
HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or. min. were stollows:  8. Trade, profession, or particular or. or. min. were stollows:  9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, DAK, etc.  11. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town). (State or country)  What test confirmed diagnosis?  What test confirmed in INDUSTRY, in MOME, or in PUBLIC PLACE.  17. INFORMANT  (Address)  19. INDERNARE  (Address)  Amaner of Injury  Nature of Injury  Natu	Temale Black OR DIVORCED (write the word)	Legat 6 , 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular sind of work done, as SPINNER, SAWER, BOOKEEPER; etc.  8. SAWER, BOOKEEPER; etc.  9. Industry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURLAL, CREANATION, OR REMOVAL  Place  (Address)  7. 19.37  (Signed)  19. UNDERTAKER  (Address)  7. 19.37  (Signed)  M. D.  11. It as tsaw I  18. BURLAL, CREANATION, OR REMOVAL  Place  (Address)  7. 19.37  (Signed)  M. D.  18. SAWER of SARCH and related causes of importance  19. It as tsaw II  19. 37  11. It as tsaw II  19. 37  11. It as tsaw II  12. It as tsaw II  14. AGE  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  Where did in jury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  17. INFORMANT  (Address)  18. BURLAL, CREANATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  10. Date of next to said above, at  19. It as tsaw II  19. UNDERTAKER  (Signed)  10. It as town in the date stated above, at  19. It as tsaw II  19. It as tsaw III  19. It as tsaw III	HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
7. AGE  Years  Months  Days  If LESS than 1 day,	(or) WIFE of	18. + 1 - 1 1.
7. AGE Years Months Days If LESS than 1 day,	6. DATE OF BIRTH (month, day, and year) March 16, 1914	I last saw han alive on Synt 5, 1931; death is sald
8. Trade, profession, or particular kind of work done as SPINNER, Selectory of the profession of particular kind of work done as SPINNER, Selectory of the profession of particular kind of work done as SPINNER, Selectory of the profession of particular kind of work done as SPINNER, Selectory of the profession of the p	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
S. Trade, profession, or particular in the company of the company		The factor of partitions to the factor of th
SAWYER, BOOKKEFER, etc.  9. Interpretation of the work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  Sapart in this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  (Address)  19. UNDERTAKER  (Address)  20. FILED Jame 1, 19.3 (Particular)  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.  (Signed)	8. Trade, profession, or particular kind of work done as SPINNER O	0
work was done, as SILK MILL, SAM MILL BANK, etc  10. Date deceased last worked at this occupation (month and year)  11. Total time (years)	SAWYER, BOOKKEEPER, etc.	Bathelo premorie 1/1/31
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED Jank 7, 1931  21. Total time (years) spant in this occupation Other Coutributery Causes of importance:	9. Industry or Dusiness in Which Work was done, as SILK MILL, SAW MILL BANK ata	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Chart Contributory Causes of importance:  Other Contributory Causes of importance:  Name of operation.  Other Contributory Causes of importance:  Name of operation.  Data of  What test confirmed diagnosis?  Was there an autopsy?  Accident, sulcide, or homicide?  Other Contributory Causes of importance:  Name of operation.  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Data of  Other Contributory Causes of importance:  Name of operation.  Name of operation.  Data of  Was there an autopsy?  Accident, sulcide, or homicide?  Other of military occur?  Other of the contributory causes of importance:  Name of operation.  Nam	10. Date deceased last worked at 11. Total time (years)	
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(State or country)  13. NAME  14. BIRTHPLACE (city or town). (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town). (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED Agast 7, 19.3/  21. Gath or country)  17. INFORMANT (Signed).  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address) (Address) (Address) (Address) (Address) (Address)	12 RIPTHPI ACE (city of town) Seattle of	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  21. Shart  22. Was disease or injury in any way related to occupation of deceased?  15. Was disease or injury in any way related to occupation of deceased?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  21. Signed)  Name of operation. What test confirmed diagnosis? Was there an au'opsy?  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Date of Injury Whera did injury occurr? (Specify city or lown, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. Was disease or injury in any way related to occupation of deceased?  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  21. Was disease or injury in any way related to occupation of deceased?  22. Was disease or injury in any way related to occupation of deceased?  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, sulcide, or homicide? Date of Injury Namer of Injury Natura of Injury  24. Was disease or injury in any way related to occupation of deceased?  15. Specify  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  18. BURIAL, CREMATION, OR REMOVAL (Address)  19. UNDERTAKER (Address)		- Aug Ailia
What test confirmed diagnosis? Was there are an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place At Land Country  19. UNDERTAKER (Address)  20. FILED Sept. 7, 19.31  What test confirmed diagnosis? Was there are autopsy?  23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of Injury	13. NAME Joseph Hulets	
What test confirmed diagnosis? Was there are an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  10. MAIDEN NAME  10. Mas there are autopsy?  21. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Natura of Injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Signed)  (Signed)  Mass there are autopsy?  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (Specify city or town, county and State)  Specify whether Injury occurr?  (S	14 BIRTHPLACE (city or town)	Name of operation Data of
Where all injury occur?  (Specify city or lown, county and State)  17. INFORMANT for the first specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place of Injury Natura of Injury  19. UNDERTAKER for the Robins Specify State or injury in any way related to occupation of deceased?  16. Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Natura of Injury  19. UNDERTAKER for the Robins Specify (Signed)  16. Specify city or lown, county and State)  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)	L. (State or country) Manufactured	What test confirmad diagnosis? Was thera an au'opsy?
17. INFORMANT for the first specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Natura of Injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  15 so, specify  (Specify city or Iown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Natura of Injury  (Address)  15 so, specify  (Signed)  (Signed)  M. D.	15. MAIDEN NAME hunde white	23. If death was due to external causes (VIOLENCE) fill In also the following:
Where all injury occur?  (Specify city or lown, county and State)  17. INFORMANT for the first specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place of Injury Natura of Injury  19. UNDERTAKER for the Robins Specify State or injury in any way related to occupation of deceased?  16. Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Natura of Injury  19. UNDERTAKER for the Robins Specify (Signed)  16. Specify city or lown, county and State)  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or lown, county and State)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (Signed)  (Signed)	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, 19
17. INFORMANT Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place It facts Complete Super 7, 1931.  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  16 so, specify  (Signed)  Manner of Injury Natura of Injury  (Signed)  (Signed)  M. D.	E (State or country) Mangland	Whera did injury occur?
Place At Lack's Complement T, 193/  19. UNDERTAKER Constant Robins  (Address)  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.		Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Constant Robinson  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  20. FILED Sept 7, 193/  (Signed)  M. D.	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
(Address) Dend If so, specify  20. FILED Sept 7, 1931 Plan his (Signed) Affrica M. D.	Place At Lackis Camely Date Up 7,193/	Natura of Injury
20. FILED Nage 1 - 1, 1921		
	20. FILED	

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(Address) \_\_\_\_

Registrar.

(Year)

; death Is said

Date of onset

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Example I.		Example II		
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Control to the control of the contro	1931	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR	RITE PLACE, VAN UNFADING INK-THIS IS A	tem of information should be carefully supplied. ACE
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V. S. No. 1

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11	,	11015
	PLACE OF DEATH	STATE OF MARYLAND
	County St. Mary	91 CERTIFICATE OF DEATH
	M OR C	Registration Dist. No. 28/
Vi	llage or City Valley Lee (No.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
	2FULL NAME SOUCE // Tas	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. Midower. OR DIVORCED (Write the word)	18 DATE OF DEATH Sept. 16, 1931
1	DATE OF BIRTH	(Month) (Day) (Year) (The standard of the deceased from
	Mess 3- 18115-	
	(Year)	that I last saw halive on, 192,
7	AGE [If LESS than	and that death occurred on the date stated above, at
	8 /a H I dayhrs.	The CAUSE OF DEATH * was as follows:
8	OCCUPATION (ds. or min.)	
1	(a) Trade, profession or particular kind of work	morno
V	(6) General nature of industry	
	business, or establishment in which employed or (employer)	(Duration)yrs mosds.
9	BIRTHPLACE (State or country). Mary's, G. M.	Contributory Secondary  (Durstion)
	10 NAME OF Parker Laylor	(Sigold) Harrison Helds J. (Address) Valley Lee my
RENTS	OF FATHER (State or country). Mary & C. mg.	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	OF MOTHER AREAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER  A MARIA 148 MARIA	At place In the of death yrs
-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14	THE ABOVE IS TRUE TO THE BEST OF MIT INTOWNERS OF	Former or usual residence.
	(Informant) Ongene Mason	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Galley Lel Md	St. Glorges Church Sleft, 181931
15	Filed Seff, 17 1931 Harrison Hold	Dichard Thomas Valley Lie, 12
	If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Compositor, Architect, Locomotive engineer, Foreman, 6 yrs). or At Home, and children, not gainfully cm-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-NEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

approved by Committee on Nomenclature of the telanus) may be stated under the head of 'contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Debility" ("Congenital," "Senile," etc., "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important Example: Measles (disease causing death), 29 ds.; 2. shopneumonia (secondary); (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronie ctc. The contributory valvular heart Measles; not be disease;

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English	N S		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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infor-

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DCT 7 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

	11018
PLACE OF DEATH	STATE OF MARYLAND
County St. Walys	CERTIFICATE OF DEATH
	Registration Dist. No. 28 6
Village or Cit Bushing (No.	St.: Ward) a hospital or institu-
2FULL NAME John Henry	Lunch stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 9- 94-, 198/ (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
9 (32, 1820	9-10-1981.10 9-24-,1981
(Month) (Day) (Year)	that I last saw hamplive on 23 -, 192
7 AGE [If LESS than	and that death occurred on the date stated above, at 1 1 20 /m.
l dayhrs	
yrs. U mos. ds. or min.	certification with the
B OCCUPATION  (1) Trade, profession or	
particular kind of work dawy	
(b) General nature of industry business, or establishment in	(Durstion) yrs mos de,
which employed or (employer) Xul Mae	Contributory Cultual Oyy &
9 BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Duration) yrs mos ds.
FATHER / Stan 16 ere Hungs	(Signed) M. D.
II BIRTHPUACE	(Address)
OF FATHER  Z (State or country)	*State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER	At place of deathmosds. In the Stateyrsmosds.
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
is the same is the same is a same is	Former or
(Informant) May Un Thurs	usual residence
(Address) Will two hol	Carrelle aller 9 - 26: 1921
15 0 25 2 10 10 12 12 0	20 UNDERTAKER ADDRESS
Filed 9 - 190 M. J. Williams	a.C. melola chapting
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc tired 6 yrs). state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., Williams, Laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective o whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation -Coal mine, etc. Wom-

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STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		(775)
County SIMONS		Registration Dist. No. 28D
Village or City Proces	of me	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of		s. ds. How long in U. S. if of foreign hirth? yrs ds.
2. FULL NAME Questr	iom,	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
10 0 00000	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH Luyhom 193
5a, If married, widowed, or divorced	ortillun	(Month) (Day) (Year)
HUSBANO of (or) WIFE of		22. I HEREBY CERTIFY. That I attended deceased from ,19 ,19 ,19
6. DATE OF BIRTH (month, dey, and year)		I last saw h alive on, 19; death is said
7. AGE Years Months	Days If LESS than 1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH and related classes of importance
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	1 Ilm	This man was found flooley in Pheson to a Brosley Kness and the guest to be brosley down
SAW MILL, BANK, etc	11. Total time (years) spant in this occupetion	uph level
12. BIRTHPLACE (city or town)(State or country)		Other Contributory Causes of importance:
13. NAME		
14. BIRTHPLACE (city or town)(State or country)	****************	Name of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME		23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	******************************	Accident, sulcide, or homicide?
≥   (State or country)		Where did injury occur? (Specify city or town, county and State)
17. INFORMANT(Address)		Specify whether injury occurred in iNOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place of Lorday md De	nte Saff 1) 1931	Manner of injury
19. UNDERTAKER A. G. OPagoy (Address)	h med	24. Was disease or injury in any way releted to occupation of deceased?
0/19/31 0 0.00	Vi	(Signed) Alluly M. D.

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) ....

V. S. No. 1

E

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Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	OERTH TORKE OF BERKIN 11000
county St Marys	Registration Dist. No. 287
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
	St., Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) Sept 6,1921	i last saw hele and stated above, at 513 P.m.
7. AGE Years Months Days If LESS than 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Caniel deformation
8. Frade, profession, or particular Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	(no cranial bones)
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) News Car	
13. NAME & Edward Scriber	
13. NAME Column Scribe	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME In gentruite. Barber	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME in gentruite. Barber  16. BIRTHPLACE (city or town)  (State or country)  Many land	Accident, suicide, or homicide?
17. INFORMANT Gentrale Bribes Doub	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Home Vica HollyHorone 1 1/21 6, 1931	- Nature of injury
19. UNDERTAKER Austral Saribe	24. Was disease or injury in any wey releted to occupation of deceased?
20. FILED Sept 6., 1931. Pysica Ind. Registrar.	(Signed) M. D.  (Address) Grand Mulls, M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage   B   R   Z   Z   Z   Z   Z   Z   Z   Z   Z	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

N. B.

PLACE OF DEATH	STATE OF MARYLAND		
County St. Manys	CERTIFICATE OF DEATH		
	Registration Dist. No. 286		
2. 7			
Village or City Miles hown (No,	St.: Ward) (If death occurred in a hospital or institu-		
0 1 21 dr	tion, give its NAME in- stead of street and number.		
2FULL NAME The TVS/10	sking lon number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	16 DATE OF DEATH		
Male Colored (Write the word)	1927		
(Write the word)	(Month) / (Day) (Year)		
6 DATE OF BIRTH	17 I HERELY CERTIFY, That I attended the deceased from		
unlenour, 1858	198 a. to		
(Month) (Day) (Year)	that I last saw h and alive on Def 10, 1922 1,		
7 AGE [If LESS than	and that death occurred on the date stated above, atm.		
I day hrs			
3 yrs. mos. ds. or min.	Topromie Brown wholes		
8 OCCUPATION			
(a) Trade, profession or Acarman	***************************************		
(b) General nature of industry			
business, or establishment in	(Duration) / 23/18mosds.		
which employed or (employer) 7 am	Contributory		
9 BIRTHPLACE (State or country)  Mod	Secondary 24 7		
	/ What was four that the state of the state		
10 NAME OF GARAGE (2)	(Signed) / Oller 1 - Dlock M. D.		
11 BIRTHPLACE	- 4-90 1921 (Address) Cately Ind		
7-	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether		
Z (State or country) Md	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
of MOTHER Man Brush	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
2	ients or Recent Residents)		
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs ds.		
(State or country)	Where was disease contracted		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?		
0 (1-	Former or usual residence		
(Informant) Juse Jah (Serley	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
(Address) & 7 march	0 2/ 3 154 3/		
(Address)	Dates of Land Appress		
15 Filed 9- 20-1921 / V. Value	20 UNDERTAKER ADDRESS		
Registrar	Ourgane Stall Agrand		
If more banks are needed, address State Registr	ar, 16 W. Saratoga St., Balto., Kequesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocdefinite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Planter. state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Nanager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serrant, Cook to report specifically the occupations of persons enployed. as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman; (b) Automobile factory. The engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs .. (b) Cotton mill; (a) Salesman. (b) who are engaged in the duties of the For persons who have no occupation material Grocery;

Strtement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis": Lindikeria avoid use of "Croup"); Typhoid fever inever report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; approved (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY by Committee on Chronicand consequences (e. g., sepsis, Example: Mcasles (disease etc. The contributory valvular heart disease; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.